FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)		Offic	Office use only	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5		
Citizens Organiz	ed Political Action Committee				
ADDRESS (number and stree	1800 Avenue of the S	Stars 			
(Check if address is changed)	Suite 900			00067	
	Los Angeles		LCA L	90067	
OOMMITTEEN E MAIL A	DDDEGG	CITY	STATE	ZIP CODE 📥	
jkoeper@irell.co			1 1 1 1 1 1 1		
1			111111	1	
COMMITTEE'S WEB PA	GE ADDRESS (URL)			· · · · · · · · · · · · · · · · · · ·	
Citizens Organiz	ed Political Action Committee	<u> </u>	<u> </u>		
2. DATE M M M 0 3	MBER / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3. FEC IDENTIFICATION	ON NUMBER (C C00110585	1		
4. IS THIS STATEMEN	IT NEW (N) OR	X AMENDED (A)	_		
I certify that I have examined	I this Statement and to the best of my know	wledge and belief it is true, correct a	nd complete		
Type or Print Name of Tre	Marvin S. Shapiro	o, Esq.			
Signature of Treasurer	Electronically Filed by Marvin S. 3	Shapiro, Esq.	Date 03	19 / 2008	
NOTE: Submission of false,	erroneous, or incomplete information may	subject the person signing this Sta	•	f 2 U.S.C. S437g.	
Office Use Only FE3AN042.PDF		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)	

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5. TYPE OF COMMITTEE (Cr	neck One)	
(a) This commit	ttee is a principal campaign committee. (Complete the candidate information below.)	
(b) This commit information be	ttee is an authorized committee, and is NOT a principal campaign committee. (Complebelow.)	ete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate Presider	State
(c) This committee	tee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
(d) This committee (e) This committee	(National, State tee is a (or subordinate) committee of the tee is a separate segregated fund	(Democratic, Republican,etc.) Party.
	tee supports/opposes more than one Federal candidate, and is NOT a separate segre	gated fund or party
6. Name of Any Connected C	Organization or Affiliated Committee	
Mailing Address		
	CITY▲ STATE ▲	ZIP CODE
Relationship		
Type of Connected Organiza	ation:	
Corporation	Corporation w/o Capital Stock Labor Or	rganization
Membership Organ	nization Trade Association Cooperat	tive

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or Type Committee Name	

W	rite or Type Committee	Name				
	Citizens Organize	ed Political Act	ion Committee			
7.		ecords: Identify by name, address, (phone number optional), and position of the person in Committee books and records.				
	Full Name	Marvin S. Shap	iro, Esq.			
	Mailing Address		1800 Avenue of the S	tars		
			Suite 900			
			Los Angeles	CA	90067 _	
	Title or Position ▼		CITY A	STATE ▲	ZIP CODE A	
	Trea	asurer		Telephone number	4617	
8.	Treasurer: List the name and address	name and addr of any designat	ess (phone number optio ed agent (e.g., assistant tre	nal) of the treasurer of the comrasurer).	nittee; and the	
	Full Name of Treasurer	Marvin S. Shap	iro, Esq.			
	Mailing Address		1800 Avenue of the S	tars		
			Suite 900			
			Los Angeles	CA	90067 _	
	Title or Position ♥		CITY A	STATE ▲	ZIP CODE A	
	Trea	asurer		Telephone number 310		
	Full Name of Designated Agent					
	Mailing Address					
	Title or Position ▼		CITY A	STATE 🛦	ZIP CODE A	
				Telephone number		

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Banks or Other Depositories safety deposit boxes or maintain		e deposits funds, holds accounts, rents
Name of Bank, Depository, etc		
Wells I	Fargo Bank	
Mailing Address	11836 San Vicente Boulevard	
	Los Angeles	CA 90049 _
	CITY 🗖	STATE ZIP CODE A
Name of Bank, Depository, etc		
Mailing Address		
	CITY 🗖	STATE ZIP CODE A